

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020665

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

266

STATE FILE NUMBER

Registration District No.

FILED JUN 12 1963

1. PLACE OF DEATH

a. COUNTY

LAURENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN MT. VERNON

Length of stay in 1b

2 mo. 5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

MISSOURI STATE SANATORIUM

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY CAPE

c. CITY

OR

TOWN CAPE GERARDEAU

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

426 BELLEVUE ST.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

LEON

Middle

VANDIVORT

Last

4. DATE

OF DEATH

Month

JUNE

Day

8

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-19-1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CAPE GERARDEAU, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

SAMUEL ARTHUR VANDIVORT

13b. MOTHER'S MAIDEN NAME

LEZZIE BROWN

14. NAME OF HUSBAND OR WIFE

NOAMI RUTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

HOSPITAL RECORD

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CONGESTIVE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH

1 MOS.

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS WITH ARTERIO

SCLEROTIC HEART DISEASE

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
① PULMONARY TUBERCULOSIS, MOD-
ERATELY ADVANCED, ACTIVE. ② BENIGN PROSTATIC HYPERPLASIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APRIL 3, 1963 to JUNE 8, 1963 and last saw her alive on JUNE 8, 1963

Death occurred at 10:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

MD

22b. ADDRESS

MO. STATE SAN. MT. VERNON, MO.

22c. DATE SIGNED

6-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6/8/63

23c. NAME OF CEMETERY OR CREMATORY

Lormier Cemetery

23d. LOCATION (City, town, or county)

CAPE GERARDEAU, MO.

(State)

24. FUNERAL DIRECTOR

WALTERS Funeral Home

ADDRESS

CAPE

25. DATE RECD. BY LOCAL REG.

6-9-63

26. REGISTRAR'S SIGNATURE

Roy Grantham

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300-
Rev. 4/59

10550

20168-

3

4 0

5 1

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94500A

10

11

12 20-0

13 5-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 10 1963

200 22-46 00 11

1. 4. 1.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~Section~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above..